

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31940

FILED OCT 7 1949

State File No. 8307
 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 8307		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			c. LENGTH OF STAY (In this place) 5 days			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony Hospital				d. STREET ADDRESS (If rural, give location) 4719 Tesson									
3. NAME OF DECEASED (Type or Print) a. (First) Amande			b. (Middle) A			c. (Last) Leisse			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1949				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr 8, 1883		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) St Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME John Glee				13b. MOTHER'S MAIDEN NAME Barth				14. NAME OF HUSBAND OR WIFE Albert Leisse					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Leisse 4719 Tesson							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUPLICATE (b) Hypertensive and								5 days			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) Arteriosclerotic heart disease								yrs			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.										33IX			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St Louis			21d. STATE Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? Heart								
22. I hereby certify that I attended the deceased from 9/16, 1949 to 9/25, 1949 that I last saw the deceased alive on 9/25, 1949 , and that death occurred at 2:40 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Robert W. Tichenor MD.				23b. ADDRESS 4602 Travis St Louis Mo				23c. DATE SIGNED 9/26/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/28/49		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.			24d. LOCATION (City, town, or county) (State) St Louis County, Mo.						
DATE REC'D BY LOCAL REG. SEP 27 1949		REGISTRAR'S SIGNATURE J. B. Laster J L				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.